

DEPARTMENT OF HOMELAND SECURITY
UNITED STATES CUSTOMS AND BORDER PROTECTION
PROCESS RECEIPT AND RETURN

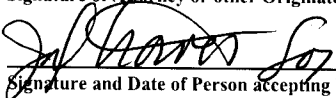
| | |
|-------------------------------------|---------------------------------------|
| Plaintiff: UNITED STATES OF AMERICA | Court Case Number: 04-CR-544 |
| Defendant: KUN FUK CHENG | Type of Process: Forfeiture - Service |

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City, State and Zip Code):


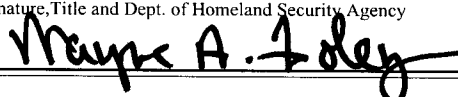
Yong Liang Lin, 1881 Central Avenue, Albany, New York 12205

| | | |
|--|----------------------------------|--|
| Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 | Number of Processes to be Served | |
| | Number of Parties to Served | |
| | Check box if service is on USA | |
| Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service: | | |

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

| | | | |
|---|---|-------------------------------|-----------------|
| Signature of Attorney or other Originator requesting service on behalf of:  Signature and Date of Person accepting Process: | (X) Plaintiff () Defendant Thomas A. Capezza, AUSA | Telephone No. 518-431-0247 | Date 2/14/06 |
|---|---|-------------------------------|-----------------|

SPACE BELOW FOR USE OF DEPARTMENT OF HOMELAND SECURITY AGENCY

| | | | | |
|---|------------------------------|-----------------------------|---|--------------------------------------|
| I acknowledge receipt for the total number of process indicated. | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized Dept. of Homeland Security Agency Officer  | Date 2.16.2006 |
| I HEREBY CERTIFY AND RETURN THAT I () PERSONALLY SERVED. () HAVE LEGAL EVIDENCE OF SERVICE. () HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW | | | | |
| (X) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE. | | | | |
| Name and Title of individual served if not shown above. () A person of suitable age and discretion then residing in the defendant's usual place of abode. | | | | |
| Address: (complete only if different than shown above) | | | Date of Service | Time of Service () a.m. () p.m. |
| | | | Signature, Title and Dept. of Homeland Security Agency  | |
| | | | FP&FO, CBP | |

REMARKS:

Service was returned by the Postal Service marked "Return To Sender, Unable To Forward, Not Deliverable As Addressed." See attached.

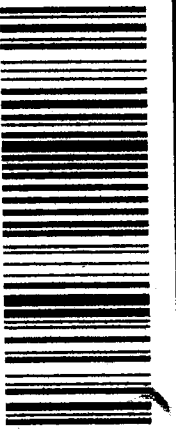


U.S. Customs and Border Protection

127 NORTH WATER STREET
OGDENSBURG, NY 13669

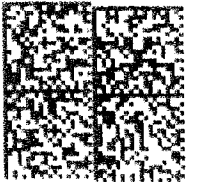
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

CERTIFIED MAIL™



7004 2890 0002 4005 7738

Yong Liang Lin
1881 Central Ave.
Albany, NY 12205



US OFFICIAL MAIL
\$300 Penalty
For Private Use

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\$05.360
03/02/2006
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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To Yong Liang Lin

Street, Apt. No.: 1881 Central Ave.

or PO Box No.

City, State, ZIP+4 Albany, NY 12205

PS Form 3800, June 2002

See Reverse for Instructions